FRIENDSHIP HEIGHTS VILLAGE CENTER COURSE OFFERING PROPOSAL

(Please note: completion of this form is for Friendship Heights Village Center reference only and does not constitute an agreement between the instructor and the Village Center. Please indicate if the class is in person or online. Please complete form in its entirety. Incomplete forms will not be considered.)

Please submit to Anne O'Neil, Program Director, 4433 South Park Ave., Chevy Chase, MD 20815 or aoneil@friendshipheightsmd.gov

MD 20815 or <u>aoneil@friendshipheightsmd.gov</u>	
Name of instructor: Address:	
Phone:	Email:
Suggested Title of Class:	
Brief description of overall course: (On a separate page, no more than one paragraph)	
Length of Session (i.e. # of weeks):	
Range of dates instructor is available to start:	
Time of each class (ex. Mondays, 5 to 6 p.m.):	
Minimum/ Maximum # of students:	
Fee per student:	
Please include the following on separate pages: 1) Syllabus	
2) A) Equipment/ Materials to be provided l	oy instructor:
B) Equipment / Materials to be provided by students:	
C) Request for Equipment/ Materials to be provided by Village Center:	

4) References aho 5/18

3) List of sites where classes have been offered: